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## BIB DATA SHEET

CONFIRMATION NO. 5178

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/658,449	09/09/2003 RULE	623	3738	10002-701.407	
<b>APPLICANTS</b> Mark A. Reiley, Piedmont, CA; <b>** CONTINUING DATA *****</b> This application is a DIV of 10/615,727 07/09/2003 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091 which claims benefit of 60/160,891 10/22/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/02/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHRISTOPHER D PRONE/ Acknowledged _____ Examiner's Signature	<input type="checkbox"/> Met after Allowance /CDP/ Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 17	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> GMEDELAWARE 2 LLC 2560 General Armistead Avenue Audubon, PA 19403 UNITED STATES					
<b>TITLE</b> Facet arthroplasty devices and methods					
<b>FILING FEE RECEIVED</b> 438	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		